

Roundtable on the African-American Breastfeeding Campaign



African-American
Breastfeeding Alliance, Inc.
(AABA)



U.S. Department of Health and
Human Services
Office on Women's Health

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Office on Women's Health
&
African-American Breastfeeding Alliance, Inc. (AABA)

Monday, December 18, 2000
11:00 a.m. - 1:00 p.m.
OWH Conference Room, 727 E, Humphrey Building
Washington, DC

AGENDA

| | | |
|---------------|---|---|
| 11:00 - 11:15 | Welcome & Organization Introductions | Kathi Barber AABA |
| 11:15-11:20 | Blueprint for Action on Breastfeeding | Suzanne Haynes Office on Women's Health |
| 11:20-11:35 | AABA: Vision, Projects, Goals Philosophy | Kathi Barber and Michele P. Beverly AABA |
| 11:35 - 11:50 | Barriers to Breastfeeding | Kathi Barber and Meeting Participants |
| 11:50 - 12:30 | Campaign Elements Addressing Barriers -Print materials -Internet -PSAs -National/local campaigns | Meeting Participants |
| 12:30-12:45 | Potential Partners/Resources AABA, OWH, CDC, HRSA OMH, USDA, Best Start, other Representatives | Suzanne Haynes and Meeting Participants |
| 12:45-1:00 | Next Steps/Closing Remarks | Kathi Barber and Suzanne Haynes |



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African-American Breastfeeding Alliance, Inc.

The African-American Breastfeeding Alliance, Inc. (AABA) was founded because a disproportionate number of African-American women don't breastfeed; for the ones that do try, less than 20% breastfeed past six months postpartum (according to a 1997 Ross Laboratories study.) This is paradoxical because the worldwide average for weaning a child from the breast is 4 1/2 years of age. AABA's overall purpose is to: raise the numbers of African-American women who breastfeed; educate African-American women about the infant and maternal benefits of breastfeeding; provide valuable resources about breastfeeding; offer on-going support to women who decide to breastfeed; and collaborate with other organizations that have an interest in the health and well-being of African-American women and infants. AABA will use a holistic approach to educating women because breastfeeding is both a mental and a physical experience.

To date, AABA is the only functioning organization whose sole purpose is to educate African-American women, and families, about the maternal, infant and societal benefits of breastfeeding. While there are several websites and books on breastfeeding, none speak directly to the needs of African-American women. Goals set by organizations such as the Women, Infants and Children (WIC) Program, and initiatives such as Healthy People 2010 that address the health issue of pregnant and lactating African-American women, have not created effective interventions to reach these goals. AABA's objectives directly meet the breastfeeding goals of Healthy People 2010. In fact, Healthy People 2010 states on their website that "...increasing the rate of breastfeeding, particularly among the low-income, racial, and ethnic populations less likely to begin breastfeeding in the hospital or to sustain it throughout the infant's first year, is an important public health goal." AABA will work to fill the gaps of organizations that have maternal and infant health—specifically breastfeeding—objectives targeting African-American women.

AABA targets pregnant women, initially, during their second trimester, and then follows up right after the birth with continued breastfeeding support and resources. It has been shown that prenatal clinics offering workshops and information on breastfeeding have a positive influence on African-American women who decide to breastfeed. One study suggests, "the prenatal period may be a critical time to influence a prospective black mother's decision to breastfeed her infant." (JSPN vol.1, No.1, April-June, 1996.) This study also found that "personalized and well-designed educational resources such as pamphlets, brochures, and videos that deal with the benefits, contraindications and support programs for breastfeeding" prove to be influential in this decision as well. The dire need for AABA has never been fully explored before. By partnering with health professionals and agencies, AABA is committed to providing quality breastfeeding education, resources and support to African-American women and the healthcare community at-large.

AABA: Goals & Vision

Improve the overall health
status of African-American babies.

Increase access to breastfeeding information
for African-American parents.

Create a breastfeeding-friendly culture
within the African-American community.

Our mission is to ensure that *every* pregnant African-American woman receives breastfeeding education and support.

We believe that breastmilk is by far,
the superior food for all babies.

We believe that breastfeeding is
essential in giving babies a healthy start at life.

We believe that *reintroducing*
breastfeeding back into the African-American culture
will create a healthier African-American community.

We believe that breastfeeding is a means to
self-empowerment and self-actualization for women.

We believe breastfeeding has the power
to start healing our community with love.

We believe fathers are an
integral part of breastfeeding success.

This vision for AABA has already been placed
in the universe—and so it is!



AABA: Projects

AABA E-Group

The AABA E-Group is an email-based system used to discuss lactation issues related to African-American women. The E-group is open to all lactation professionals.

AABA Online

AABAonline.com is the Internet domain name of the African-American Breastfeeding Alliance. Currently, we are working with e-commerce professionals to design a state-of-the art website full of graphics and photographs of breastfeeding African-American women. AABAonline.com will focus on the following areas: infant, maternal and societal benefits of breastfeeding; how to breastfeed, express and store breastmilk; discreet ways to breastfeed in public; nutrition and mother's milk; latest in breastfeeding research; breastfeeding the older baby; breastfeeding on the job; breastfeeding and the sick child; personal narratives from breastfeeding mothers; support and encouragement; questions answered; and resources for further education. The website is not only for the African-American breastfeeding mother. It will also be a site where lactation professionals can order culturally sensitive brochures, posters and publications related to lactating African-American women. AABAonline.com will target breastfeeding mothers and professionals who have Internet access.

AABA Publication

In the next 12 months, AABA will publish a breastfeeding publication that will address the same issues and subjects as AABAonline.com. The publication will be an important resource for breastfeeding mothers who do not have access to the Internet. It will also be distributed in clinics, hospitals and physicians offices.

Breastfeeding Drop-In Clinic (BDC)

The BDC will be offered onsite at various agencies and hospitals that do not currently offer lactation services, but want to promote breastfeeding. The BDC provides the following services:

- Basic breastfeeding management (offered bedside or upon discharge if located in a hospital)
- Brochures and other materials (for additional breastfeeding management)
- Breastfeeding Hotline (to answer questions and offer support)
- Breastfeeding aids (pump rentals, supplemental nursing systems, etc.)
- Postnatal follow-up phone call (to check on how well breastfeeding is going)
- La Leche League Certified Basics of Breastfeeding in-service training (for Labor & Delivery staff)
- Formal assessment and report on each patient seen for the agency's records.

Corporate Lactation Services

We will challenge human resource offices to offer breastfeeding education and support to their pregnant employees. We will teach on-the-job workshops on the importance of breastfeeding. We will stress to the HR office how much a breastfeeding employee can save the company money (i.e. fewer child-illness related absences, etc.) We will also help them establish a sanitary area for women to express breastmilk during the workday.

AABA: Projects con't.

Pro-Breastfeeding Dads

We believe that fathers play an integral role in a woman's desire to, or success at, breastfeeding. The Breastfeeding Dad program will educate fathers on the importance of breastfeeding, as well as train fathers to be peer counselors to other fathers.

Mother/Sister Support Groups

When a woman decides to breastfeed, support is vital in her decision to continue to breastfeed. The support groups will meet monthly to offer loving support and information to breastfeeding African-American mothers. The meetings are designed to last two hours, during the evening or on the weekends to accommodate the working mother's schedule.

Peer Counselor Training

It has been found that Peer Counselors are effective in helping African-American women continue to breastfeed after initiation. AABA will train women to be Peer Counselors using the La Leche League International Breastfeeding Program curriculum. There are plans, however, to create an AABA Peer Counselor curriculum.

Research

Current research on the breastfeeding practices of African-American women generally targets WIC participants. AABA plans to expand research to African-American women of all social-economic backgrounds. We would also like to act as a research clearinghouse on African-American breastfeeding issues by collecting national statistics at one central location. Anyone interested in statistics on African-American women and breastfeeding will be able to receive this information on the website, or in writing.

TLC Hotline

The hotline offers support and counseling to breastfeeding mothers—24 hours a day, 7 days a week.

Young but Responsible Mothers

Statistics show that there are an overwhelming number of teen mothers around the country. AABA will work to reach teen mothers and educate them on the importance of breastfeeding. Teen mothers will be offered Peer Counselor training, as well as teen mother support groups.

Lactation Career Path

We encourage African-American women to pursue training and certification as Peer Counselors, Certified Lactation Educators and International Board Certified Lactation Consultants. In the future, we plan to offer our own system of certifying and training peer counselors, certified lactation educators and lactation consultants.



Why Should You Promote Breastfeeding?

The art of breastfeeding one's young is as old as (wo)mankind. For aeons, women from all walks of life have provided their young with natures most consummate food, breastmilk. Across the board, pediatricians and nutritionists agree that the "breast is best" in providing for all of an infants dietary needs. Research has shown that breastfeeding transcends infant nutrition. Its benefits also include mother/child bonding and the prevention of many early childhood illnesses.

Breastfeeding is the best way to ensure that an infant has a healthy start at life. Experts and nursing mothers worldwide agree that breastfeeding is the best source of nourishment for infants because: antibodies from the mother are passed to the baby to fight against viruses; allergies to breastmilk are rare; breastmilk has the right amount of nutrients for the baby whenever he/she nurses; it is more convenient; it is known to enhance cognitive abilities; it creates a special, emotional bond between mother and child; it saves the family and the country money in formula and healthcare costs; breastfed babies are generally healthier; the mother will have a speedier return to her pre-pregnancy self; saves recycling costs from bottles and artificial nipples; and it fosters a healthier society.

Breastfeeding should be promoted as the first choice in infant feeding. Many studies have shown that women in inner city communities would benefit from breastfeeding because it reduces infant mortality and SIDS rates, and is remarkably suitable for the health of low-birth weight and premature babies. The benefits of breastfeeding are unparalleled and cannot be duplicated in formula. The American Academy of Pediatrics says,

"Human milk is uniquely superior for infant feeding. The breastfed infant is the model against which all alternative-feeding methods must be measured. Lactating women have an earlier return to pre-pregnant weight, delayed resumption of ovulation, improved bone remineralization postpartum, reduced risk of ovarian cancer and premenopausal breast cancer. The significantly lower incidence of illness in the breastfed infant allows the parents more time for attention to siblings and other family duties."

It's important for you as a healthcare professional to provide—at the very least—basic breastfeeding information to the pregnant women you serve. Often, women in inner cities do not receive adequate, or any, information on the importance of breastfeeding. You can do a great service by providing them with valuable information on breastfeeding so they can make an informed choice on how to feed their babies.



Office on Women's Health Press Release

Office of the U.S. Surgeon General News Release

FOR IMMEDIATE RELEASE Contact: Carol Krause, (202) 205-2551

Monday, October 30, 2000 Office on Women's Health

SURGEON GENERAL RELEASES FIRST COMPREHENSIVE FRAMEWORK TO INCREASE BREASTFEEDING RATES AND PROMOTE OPTIMAL BREASTFEEDING PRACTICES

Washington, October 30, 2000 - Recognizing the considerable scientific evidence that states breastfeeding is one of the most important contributors to infant health, the Office of the U.S. Surgeon General today released the first comprehensive national framework to promote breastfeeding and optimal breastfeeding practices. The HHS Blueprint for Action on Breastfeeding was developed by health and scientific experts from 14 federal agencies and 23 health care professional organizations, including the American Academy of Pediatrics and the American Academy of Family Physicians. During the past 15 years, the Office of the Surgeon General has highlighted the public health importance of breastfeeding through numerous workshops and publications. Scientific evidence suggests that breastfeeding provides a range of benefits for an infant's growth, immunity and development. In addition, breastfeeding has also been shown to improve maternal health.

The *Blueprint for Action* released today promotes a plan for breastfeeding based on education, training, awareness, support and research. Specifically, the plan lays out a framework based on the recommendation that infants be exclusively breastfed during the first four to six months of life, preferably for a full six months. The plan also suggests that, ideally, breastfeeding should continue through the first year of life.

Despite the many benefits of breastfeeding, statistics reveal that 64 percent of American mothers breastfeed in the early postpartum period, with only 29 percent still breastfeeding six months after birth. Racial and ethnic disparities in breastfeeding are wide, revealing extremely low rates among African-American women. In 1998, 45 percent of African-American mothers breastfed their infants in the early postpartum period; 66 percent of Hispanic mothers and 68 percent of white mothers breastfed. Only 19 percent of African-American mothers were still breastfeeding at six months, compared to 28 percent of Hispanic mothers and 31 percent of white mothers. That same year, 54 percent of low-income Asian and Pacific Islander children and 59 percent of American Indian and Alaska Native children were ever breastfed.

and childhood cancer.

Healthy People 2010, the nation's health agenda for the next decade, has set an objective to increase the proportion of all mothers who breastfeed in the early postpartum period to 75 percent. "The Healthy People objectives will be realized only when we work together to put in place culturally appropriate strategies to promote breastfeeding, with particular emphasis on education and support from health care professionals, employers and family members, especially fathers and grandmothers," said Wanda Jones, Dr.P.H., Deputy Assistant Secretary for Health (Women's Health) and Director of the Office on Women's Health.



Office on Women's Health Press Release con't.

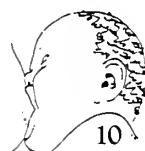
The *Blueprint* offers action steps for the health care system, families, the community, researchers and the workplace, to better focus attention on the importance of breastfeeding. It recommends that health care professionals who provide maternal and child care are trained on the basics of lactation and breastfeeding counseling; that women who return to work after childbirth should have access to childcare facilities or private rooms on-site to accommodate breastfeeding; that social support and information resources be established for women such as hotlines and peer counseling; and that research be conducted on issues surrounding breastfeeding.

Scientific evidence states that human milk contains an abundance of factors that are active against infection. Breastfed infants, compared with formula-fed infants, produce enhanced immune responses to polio, tetanus, diphtheria, and common respiratory infections. Recent research also suggests that breastfeeding reduces the risk of chronic diseases among children, including diabetes, inflammatory bowel disease, allergies and asthma, and childhood cancer.

Mothers also benefit from breastfeeding, including less postpartum bleeding, earlier return to pre-pregnancy weight, a possible reduced risk of ovarian cancer and premenopausal breast cancer, and positive hormonal, physical and psychosocial effects. The *Blueprint* recommends that mothers with certain conditions, including Hepatitis C, substance abuse problems, some environmental exposures, metabolic disorders and breast implants should check with their doctor before breastfeeding. Women with HIV/AIDS and human T-cell leukemia virus type 1 (HTLV-1) should not breastfeed.

The *Blueprint* was developed by the Subcommittee on Breastfeeding, under the auspices of the HHS Environmental Health Policy Committee, including members of the Federal Interagency Working Group on Women's Health and the Environment, coordinated by the Office on Women's Health.

The full text of the HHS *Blueprint for Action on Breastfeeding* can be found on a new specialty section on breastfeeding on the Web site of the National Women's Health Information Center (www.4woman.gov) or through its toll-free telephone service at 1-800-994WOMAN (TDD: 1-888-220-5446). For a brief look at some of the many programs and services currently promoting and supporting breastfeeding within health care, work sites, and communities nationwide, visit the Web site developed by the Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention at <http://www.cdc.gov/breastfeeding>.



AABA Philosophy: Breastfeeding & Beyond

It is clear that breastfeeding is best for both mother and child. What is equally as provocative is the notion that breastfeeding can serve additional purposes in the community of womanhood-locally and globally. We believe the act of breastfeeding itself can function symbiotically with the self-esteem of women and the degree to which women (and their families) are empowered and actualized. We firmly regard breastfeeding as a catalyst for empowerment and that it is important to place breastfeeding within the continuum of social issues that affect Black women around the world.

Philosophy

Breastfeeding is, most simplistically, a means of bonding and nourishing a child. It is also an experience that far too many mothers, fathers and children do not participate in. This fact alone deserves our attention, our energy and our resources. But are there other social factors impacted in a mother deciding to breastfeed her child. When making the decision to breastfeed, a woman usually does at least one of the following. First, a woman may listen to her own intuition, which tells her that breastfeeding is something that will be good for her and her child. She talks or connects with other mothers or health care professionals about breastfeeding. She may read and/or research breastfeeding and then make a choice. This approach could be useful in making any decision or confronting any challenge, as it allows the individual to take a proactive stance about something that affects his/her life. Imagine if we were to be this focused and deliberate about our health, well-being and that of those in our communities. What if we all directed our energies toward an issue, connected with the experiences of others, became informed and made decisions for ourselves in areas of our lives that often go neglected. Furthermore, those who decide to breastfeed often experience additional challenges and obstacles, which test their resolve. Here again—with support from others, information and persistence—challenges can be overcome. Thus, the process of breastfeeding is a paradigm for life—making critical choices and learning how to overcome the challenges that may come with a particular choice.

A second component of our philosophy focuses on the wholeness of breastfeeding mothers in particular, but certainly includes women and mothers in general. Psychologists and those with basic common sense would probably both concur with the fact that the more whole or actualized a person is, the more likely they are to make decisions that are healthy for them and for others around them. We use the words “whole” and “actualized” to mean one whom has reached a certain level of awareness about herself and is engaged in fulfilling her vision/purpose in life. By connecting with women who are not yet mothers, perhaps we can help to make them aware of the potential impact that they can have as mothers who make healthy choices, i.e. breastfeeding.

It also follows that AABA is committed to the development of women, and mothers specifically. In our world, it is often a great struggle for women and mothers to find positive social reinforcement about our roles as mothers, our bodies, our sexuality, our talents and our intellect. It is equally challenging to synthesize



AABA Philosophy: Breastfeeding & Beyond, con't.

these complex dimensions with the demands and responsibilities of motherhood. Consequently, AABA supports the development of the whole woman, and while our focus is on breastfeeding, we want to work in conjunction with other organizations and agencies that support women in this process. Most importantly we believe that motherhood via breastfeeding is a great vehicle for actualizing ourselves as women. A woman who can connect to her total self as an emotional, intellectual, sexual and spiritual being can more readily connect to her child, her vision for her own life and others. She can potentially realize the power and the positive impact that she can have on a child and perhaps recognize that she can make an impact on the world as well. And who better to share this message but other women who have similar backgrounds and experiences? Thus, a cycle of empowerment is born.

Practical Application of Philosophy

While our organization is just getting off the ground, our vision covers a broad scope of programs that we hope to unfold in the following areas. First, we hope to incorporate our actualization/empowerment piece into our brochures and literature. Next, we want to integrate articles written on these topics into our on/off-line newsletter publications, and actually devote a section of the newsletter penned "The Spirit of a Woman" or something to that effect. Additionally we want to encourage discussion of these principles in supports groups and encourage women to explore their thoughts in journals and with each other. In the future, we hope to include training in these areas as well. Finally, we want to utilize any resources that are available to promote breastfeeding, while simultaneously encouraging women to promote their own well-being.

Connecting

Like most things, breastfeeding does not exist in a vacuum. It functions in partnership with an array of social phenomena- education, socio-economic status, access to resources etc. It can also impact our social environment- specifically the lives of women. We believe that as African American women in this country we have tremendous access to information, resources and the ability to galvanize all of these elements to promote breastfeeding and enhance the lives of mothers and families. While we are committed to the vision outlined earlier, we have an additional responsibility to share these principles with black women worldwide. We hope to make breastfeeding awareness and outreach a major priority in years to come by aligning ourselves with other organizations that address social issues that concern black women such poverty, education and health. Thus, we are placing AABA into the ever-widening circle of those who are committed to the well-being of the human family, and to bettering our social landscape. So It Is!

Benefits of Breastfeeding

- ◆ Breastmilk is the perfect mix of nutrients for an infant's diet.
- ◆ The nutrients in and the composition of breastmilk changes with the needs of the baby.
- ◆ Breastmilk is ALWAYS the right temperature and is ALWAYS ready to serve...no need for bottles.
- ◆ Breastmilk prevents diarrhea, constipation, many allergies and digestive disorders.
- ◆ Breastfed babies are healthier than formula-fed babies.
- ◆ Breastfed babies have fewer visits to the doctor than formula-fed babies.
- ◆ Breastmilk is the perfect brain food.
- ◆ Breastfeeding fosters a strong bond between mother and baby that is beyond compare.
- ◆ Breastfed babies tend to be more socially developed and independent.
- ◆ Breastmilk is a source of constant immunities: each time the baby nurses, he/she is re-immunized.
- ◆ Breastmilk protects baby from colds, ear infections, meningitis, pneumonia, respiratory infections, SIDS, Crohn's disease, Hodgkin's disease—and a host of other childhood illnesses.
- ◆ Breastmilk is easily digested, more so than any other food the baby will ever receive.
- ◆ Breastfeeding promotes good eye coordination and the development of strong teeth and jaws.
- ◆ Breastfed babies are happy babies.

- ◆ Women who breastfeed return to their pre-pregnancy weight faster. Her uterus returns to its normal size and position quicker and postpartum bleeding is diminished.
- ◆ Breastfeeding delays the return of the menstrual cycle, thus acting as a natural form of birth control.
- ◆ Breastfeeding reduces the risk of cervical, uterine and ovarian cancers, urinary tract infections and osteoporosis.
- ◆ Mom experiences relaxation and calm because of the hormone oxytocin.
- ◆ Mom does not have to get out of bed in the middle of the night to sterilize and make bottles.
- ◆ If baby is ill, mom does not have to worry about dehydration or missed meals because breastfeeding provides just what the baby needs, emotionally and nutritionally.
- ◆ Mom can nurse while lying down so she can get even more rest.
- ◆ The simple act of nursing fosters a form of mothering that is based on tenderness and love.
- ◆ Breastfeeding mothers are often acutely in sync with the biological and emotional needs of their baby.
- ◆ Breastfeeding is empowering for women and fosters a high level of self-esteem.
- ◆ Breastfeeding saves mom money

because it's FREE FREE FREE!



AABA Staff



Katherine Barber, Founder/Executive Director

Katherine Barber, a 28-year-old entrepreneur from Baltimore, Maryland, received her Bachelors degree in Political Science in the mid-nineties. Born with the spirit of entrepreneurship. Katherine quit her job at a Baltimore newspaper and started her own professional writing and editing company, Aminah Writes, in 1996. Her clients have included several publications, non-profit organizations, a medical journal, a greeting card company and numerous websites. On March 8, 1997, Katherine's life was changed with the birth of her son, Amyhr. Breastfeeding became such a part of her life that she was soon known as "that breastfeeding lady" to her friends and family. After reading everything she could find on breastfeeding, Katherine decided to take training classes with La Leche League. As a Certified Lactation Educator and Counselor, Katherine found tremendous joy in providing breastfeeding counseling to African-American women. After learning that the breastfeeding rates for African-American women are astonishingly low, Katherine decided to do something about it and AABA was born. On September 30, 1999, Katherine welcomed her daughter, Jayde into her life, and added to her breastfeeding prodigy.

Jenise Fonville-Noels, Public Relations Director

A native of North Carolina, Jenise Fonville-Noels received her Bachelors degree in Public Administration in 1989 and has since provided over ten years of Federal Government service. Jenise's work experience ranges from logistical and operational administration to performance reporting and budget. Jenise is a loving mother to two children: a 5 year old daughter and a 3 year old son. She breastfed both children until they were sixteen and eighteen months old respectively. Jenise came to the African-American Breastfeeding Alliance, Inc. with a passion for breastfeeding and first hand experience with nursing a baby in a special situation. Jenise knows that breastfeeding was instrumental in maintaining her daughter's health and well-being. Her daughter was critically ill during the entire sixteen-month period of their breastfeeding bond. Jenise is the Founder of Sisters In Spirit, a women's empowerment group, and spends her spare time educating African-American women on the importance of self-empowerment and breastfeeding.

Michele Prettyman Beverly, Outreach Director

Born in Baltimore, Maryland, Michele attended the University of Maryland at College Park receiving dual degrees in Radio/Television and Film and Afro-American Studies. She has worked in the film industry in Washington DC, been a public school teacher and is currently working with AABA, writing scripts and managing three small children; all of whom were breastfed. Michele hopes to use writing, film and community outreach to address spiritual and social issues, including breastfeeding.

How You Can Help

Moving The Campaign Forward

The African American Breastfeeding Alliance and the U.S. Department of Health and Human Services Office on Women's Health greatly appreciate the time, energy and enthusiasm that you have contributed today. Rest assured that we may be calling on you for support or collaborations. We are enthusiastic about the interest that has been generated about African-American women and their breastfeeding needs.

Collaborations will be an effective way to see that our goals are met. We are in need of assistance in several areas. If you are interested in working with us, please fill out this form and leave it with us today or mail it to AABA, 1659 Ralworth Rd., Baltimore, MD 21218. Thanks again for your support!

Name Title/Organization

Address Phone

Email Fax

Yes, I would like to be an active participant in AABA's breastfeeding campaign.

I am supportive of the efforts of AABA, but at this time I am unable to make a commitment

I am interested in the following areas:

- | | | |
|---|---------------------------------------|--------------------------|
| — grant writing | — starting an AABA program in my area | — media |
| — fundraising | — serving on an advisory board | — curriculum development |
| — other: (please explain in detail) | | |
| — I am interested in being on AABA's mailing list and receiving a copy of the Campaign's Breastfeeding Manifesto. | | |

*Roundtable on the
African-American Breastfeeding Campaign
December 18, 2000*

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